MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

07 JUL 2006

SERIAL NO. 10/568618   FILING DATE

APPLICANT(S)

CLAIMS

#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.	#	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1						51				1		
2							52				1		
3							53				1		
4							54				1		
5							55				1		
6							56				1		
7							57				1		
8							58				1		
9							59				1		
10							60				1		
11							61				1		
12							62				1		
13							63				1		
14							64				1		
15							65				1		
16							66				1		
17							67				1		
18							68				1		
19							69			1			
20							70				1		
21							71				1		
22							72				1		
23							73				1		
24							74				1		
25							75				1		
26							76				1		
27							77			1			
28							78				1		
29							79				1		
30							80				1		
31							81				27		
32							82				27		
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42			1				92						
43				1			93						
44				1			94						
45				1			95						
46				1			96						
47				1			97						
48				1			98						
49				1			99						
50				1			100						
TOTAL IND.		3					TOTAL IND.						
TOTAL DEP.		90					TOTAL DEP.						
TOTAL CLAIMS		93					TOTAL CLAIMS						

PTO-1360 (REV. 11-01)

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